



## REGISTRATION INFORMATION

Registration Form  
Medical Information Form  
Code of Conduct

## Registration Form

Please fill out the following form for your entire family/group

**\*Only 1 family/group may register per form.**

Harold Parker State Park, Andover  
Saturday, August 2 and Sunday, August 3rd

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Email address\* \_\_\_\_\_

List the name and age of each family member coming to the event:

Participant #1 \_\_\_\_\_ Age \_\_\_\_\_

Participant #2 \_\_\_\_\_ Age \_\_\_\_\_

Participant #3 \_\_\_\_\_ Age \_\_\_\_\_

Participant #4 \_\_\_\_\_ Age \_\_\_\_\_

Participant #5 \_\_\_\_\_ Age \_\_\_\_\_

Participant #6 \_\_\_\_\_ Age \_\_\_\_\_

**Have any members of your group participated in a Becoming an Outdoors Family Campout in the past:** ☐ Yes ☐ No **If yes, when and where?** \_\_\_\_\_

**Special Needs:** If you have a disability, medical condition or special diet requirements, please let us know. We will do our best to accommodate your needs. For more information, call Myles Standish State Forest at (508) 866-2526.

---

---

**Registration Fee & Form Submission:** Registration is handled on a first-come, first-serve basis with a preference to people who are new to this program. Please send your \$30 reservation fee & completed forms to: Julie Martin, Department of Conservation and Recreation, 251 Causeway Street, Boston, MA 02114. Checks should be made out to: **Please make checks payable to: Becoming an Outdoorswoman/MSC.**

## Medical Information Form

**EACH participant in your party needs the following form completed to participate.**

*All information will be held confidential.*

Name\_\_\_\_\_

Date of Birth\_\_\_\_\_ Gender\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zipcode\_\_\_\_\_

Medical Insurance Co.\_\_\_\_\_ Policy #\_\_\_\_\_

Emergency Contact Name (Person not attending program)

Relation\_\_\_\_\_ Phone\_\_\_\_\_

List all prescription and non-prescription medicines currently being taken:

\_\_\_\_\_  
\_\_\_\_\_

List any allergies (food, medicine, insect stings, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Medical History: Check off any of the following conditions you currently have or have had:

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Stroke    | <input type="checkbox"/> Hay fever           |
| <input type="checkbox"/> Back surgery          | <input type="checkbox"/> Migraines | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Chronic back problems | <input type="checkbox"/> Seizures  | <input type="checkbox"/> Fainting spell      |
| <input type="checkbox"/> Heart problems        | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Other_____          |

If diabetic, are you insulin- dependent? \_\_\_\_Yes \_\_\_\_No

Have you had a tetanus immunization within the past two years? \_\_\_\_Yes \_\_\_\_No

**This medical history form is correct and complete to the best of my knowledge**

Signature of Participant\_\_\_\_\_Date\_\_\_\_\_

Signature of Parent/Guardian if participant is under 18 years old

\_\_\_\_\_Date\_\_\_\_\_

## Code of Conduct

*Please take a few moments to read some guidelines, rules and regulations designed for your family's enjoyment and safety.*

### **Ethical Conduct**

- Obey all federal, state, and county laws.
- Be truthful, accurate and discreet if relating incidents occurring on State Park property.

### **Participation Standards**

- Please arrive **ON TIME** and ready to participate
- Maintain a harassment, violence, and drug and alcohol free camping environment
- Be respectful, courteous, and considerate to fellow participants and event staff
- Respect the cultural, religious and political views of others and refrain from imposing your views on others
- Remain pleasant if another participant becomes unpleasant and immediately inform staff who will intervene
- Please follow campsite safety rules outlined by Park staff
- Please report any violations of these guidelines to Park staff

### **Stewardship**

- Camp by example and show parks and resources respect and care
- Do not feed the wildlife, it is harmful and against the law
- Return borrowed gear in the same condition it was lent
- Help keep this park clean and throw all litter in the trash.
- Help protect yourself, the wildlife and the vegetation, please stay on designated trails.

### Photo Release

By signing below, I hereby grant the Massachusetts Department of Conservation and Recreation (DCR) and its subsidiaries, affiliates, partners, related companies, licensees, successors and assigns, and all of their respective officers, directors, employees, representatives, attorneys and agents and any users authorized by (DCR), the following rights: the irrevocable, unconditional, absolute, unrestricted, worldwide, universal and perpetual right and license to use, reproduce, sell, distribute, display, make derivatives of, perform and publish my name, fictitious names, voice, signature, image, actual or simulated likeness, and any photographic or other images of me, including without limitation photographs, negatives, prints, illustrations, portraits, pictures, designs, paintings, drawings, films, videos and other recordings of every kind or nature, for any and all purposes whatsoever (including without limitation editorial, promotional, advertising, marketing, merchandise, packaging and licensing), in any and all media now known or hereafter developed (including without limitation print, TV, radio, Internet, CD, DVD and VHS).

**By signing below, I agree that I have read and understand the above code of conduct and photo release and consent to follow it as described to the best of my ability.**

Participant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian if  
Participant is under 18 years old \_\_\_\_\_ Date \_\_\_\_\_

Participant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian if  
Participant is under 18 years old \_\_\_\_\_ Date \_\_\_\_\_